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quently observed, but the absence of the latter is no criterion of the absence or presence of syphilis.

The group examined showed no appreciation of the principles of personal hygiene. The neglect of the teeth and indifference to dental service, impacted earwax, the neglect of tonsils and eyes, all such findings indicate the need for medical inspection even from the very earliest grades of schools, together with an improved system of making principles of personal hygiene vivid to the individual child and a routine which shall result in fixed habit.

Syphilis was found of frequent occurrence; yet, notwithstanding, syphilitic heart diseases and other involvements of circulatory and nervous systems and mental diseases due to syphilis were not common. To some extent this fact is explainable on the grounds of the relative youth of the women examined. Gonorrhea was found in 93.6 per cent of these delinquent women. The presence of venereal diseases in this group was directly related to a long series of antisocial actions, themselves growing out of abnormal living conditions.

The intellectual level was low and varied among the group studied. This difference in mental attainment indicates the importance of individual attention in any school for special training.

(Part II of these studies, A Study of Physical and Mental Conditions of 100 Delinquent White Women in Louisville, Ky., will appear in the next issue of Public Health Reports.)

ABEYANT HOSPITALS FOR EMERGENT EPIDEMICS.

By R. L. DESAUSSEURE, Commissioner of Health, Rome, Ga.

The Need of a Knockdown Hospital.

Pandemics of influenza in the last two years have brought about unusual conditions throughout the country. In every little hamlet it has become necessary to speedily extemporize emergency hospitals, and in larger centers provision has been necessary to take care of the overflow from the hospitals already established. These temporary hospitals have been installed in the halls of fraternal organizations, in vacant dwellings, in office lofts, or in any suitable place available. This helter-skelter method of organizing a hospital results in confusion, waste, general dissatisfaction, and low-grade efficiency. Experience with hastily constructed hospitals of this sort in Maine, Pennsylvania, and Georgia has convinced me of the need of some system in communities presided over by a health officer for rapid and effective realization of temporary hospitals when the need for such arises. And this need is not infrequent. Pandemics such as those that we have recently passed through, fires, floods, and sudden disaster, all

call for the over-taxing of the normal hospital capacity of a town or for the immediate existence of a hospital where there has been none before.

Structure of a Knockdown Hospital.

The plan for providing a knockdown hospital is simple enough: In one place the board of health might have beds stored for the hospital; at some other point linen would be available; somewhere else equipment would be locked up ready for use; and the use of a building or a portion of a building, perhaps a hall used by some fraternal society, should be provided for, the place inspected, and plans arranged for speedy conversion into a hospital when the need should arise. It would be better if the beds, linen, and equipment could be stored in this building.

A roster of nurses in his district, with notes as to their probable availability in time of epidemic, their addresses and telephone numbers, should be in the hands of the health officer. This should include not only the active practicing nurses, but all of those who have at any time acquired the diploma of a trained nurse, even though they have long since given up the active practice of their profession and settled down to domestic life. The physicians in the district should be catalogued and their attitude to such a plan determined, in order that waste motion in securing the staff of this hospital may be cut to a minimum. Personal antipathies should be recorded as well as professional talents, in order that there may be no two inharmonious elements connected with the hospital in so far as such a Utopian scheme is practicable.

Arrangement should be perfected for the securing of supplies, food, and equipment; and telephones, lights, water, and gas extensions should be provided for in advance in case the building selected is not equipped with these public-service utilities. Arrangement for feeding the patients should be made either by contract with a near by restaurant, to supply the necessary food or by arranging a diet kitchen in the hospital.

Assembling of a Knockdown Hospital.

With all of these preparations made in advance, the health officer would not have hanging over his head at all times the fear of a general epidemic. At the first blast from the storm the building could be commandeered, the equipment moved in, the personnel called to quarters, and in six hours there would be a hospital running economically with little or no confusion, "*animis opibusque parati*"—a consummation which at the present time takes about six days, accompanied by extravagance, waste motion, and inevitable friction.